

CAPITAL EQUIPMENT REQUEST FORM

Fund (s) _____	Submitted by: _____
Department/Activity _____	Date Prepared: _____

Project Title: _____ Form of Acquisition: _____ Purchase _____ Rental Number Requested: _____ Fiscal Year (s) Requested _____ _____ Purpose of Expenditure: <input type="checkbox"/> Scheduled replacement <input type="checkbox"/> Current equipment obsolete <input type="checkbox"/> Replace worn out equipment <input type="checkbox"/> Reduce down time <input type="checkbox"/> Expand services <input type="checkbox"/> New program/service <input type="checkbox"/> Safety <input type="checkbox"/> General improvement project	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Cost:</th> <th style="width: 20%;">Unit</th> <th style="width: 20%;">Total</th> </tr> </thead> <tbody> <tr> <td>Purchase Price</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Installation</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other Costs</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total Purchase or Rental Cost</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> <p><small>(1) Note: If purchase price is being depreciated over multiple future fiscal year, enter commission amount in inventory _____</small></p> <p>Estimated age in years: _____</p> <p>_____ hours per day _____ weeks per year</p> <p>_____ days per week Estimated lifespan _____</p>	Cost:	Unit	Total	Purchase Price	\$ _____	\$ _____	Installation	\$ _____	\$ _____	Other Costs	\$ _____	\$ _____	Total Purchase or Rental Cost	\$ _____	\$ _____
Cost:	Unit	Total														
Purchase Price	\$ _____	\$ _____														
Installation	\$ _____	\$ _____														
Other Costs	\$ _____	\$ _____														
Total Purchase or Rental Cost	\$ _____	\$ _____														

Summary of Purchased Item(s):				
Item	Make	Age	Maint. (h/m/l)	Est. Breakdowns

Recommended Disposition:
<input type="checkbox"/> Sale <input type="checkbox"/> Use as reserve/backup <input type="checkbox"/> Use by other Department

Finance Staff:	FY ____	FY ____	FY ____	FY ____	FY ____
Capital Lease Costs	_____	_____	_____	_____	_____

Other Comments _____
Department Director Signature _____